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SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a

federal notice.

APR 1 9 2002

RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

THOMSON FINANCIAL

3235-0076 Expires: May 31, 2002 Estimated average burden hours per response...1

OMB APPROVAL

OMB Number:

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION SEC USE ONLY Prefix Serial DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

SALE OF COMMON 570C K

Filing Under (Check box(es) that 502 apply):	Rule [] Rule [x] Rule [] Section [] ULOE 505 506 4(6)					
Type of Filing: [] New	Filing [] Amendment					
A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer						
,	this is an amendment and name has changed, and indiciate change.)					
Address of Executive Of Code) 1450 Sou	fices (Number and Street, City, State, Zip Code) Telephone Number (Including Area th Rolling Road, Baltimore, MD 21227 (410) 455-1242					
Address of Principal Bus Code) (if different from Execut Same	iness Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area					
Brief Description of Bus Contract	research organization					
Type of Business Organization	[] limited northorship					
[x] corporation	[] limited partnership, [] other (please already formed specify):					
[] business trust	[] limited partnership, to be formed					
eng entit 25 sampun samu samu ti 15 maga gjana a memori a a a a a a a a a a a a a a a a a a a	Month Year					
Actual or Estimated Dat Incorporation or Organiz	zation:] Estimated					
Jurisdiction of Incorpora Service abbreviation for	tion or Organization: (Enter two-letter U.S. Postal State:					
jurisdiction) $[M] \begin{bmatrix} D \end{bmatrix}$	CN for Canada; FN for other foreign					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Check [] Promote Box(es)	er [] Beneficial [> Owner	K] Executive [X] Director [Officer] General and/or	
that	Owner	Officer	Managing	
Apply:			Partner	
Full Name (Last name	first, if individua	ıl)		
Ogle, Jame	5			
	·	er and Street, City, State, Zip Balt., MD 21227	p Code)	
Check [] Promote Box(es)	r [] Beneficial [Owner] Executive [] Director [Officer] General and/or	
that Apply:			Managing Partner	
Full Name (Last name	first, if individua	1)		
Business or Residence	Address (Numbe	r and Street, City, State, Zip	o Code)	
	r[]Beneficial[] Executive [] Director [] General	
Box(es)	Owner	Officer	and/or	
that Apply:			Managing Partner	
Full Name (Last name	first, if individual	1)	inniminanan enertialisian managinasa merekata	
Business or Residence	Address (Number	r and Street, City, State, Zip	Code)	
Check [] Promoter Box(es) that Apply:	[] Beneficial [Owner] Executive [] Director [] Officer] General and/or Managing Partner	
Full Name (Last name	first, if individual	l)		
Business or Residence	Address (Number	r and Street, City, State, Zip	Code)	
Check [] Promoter Box(es) that Apply:	[] Beneficial [Owner] Executive [] Director [] Officer	General and/or Managing Partner	омонительной у (т тодурой базорительной может до одно на на на населения однова до одного, често односного одн
Full Name (Last name	first, if individual)	ra Laguerra Professional III — e e a minima de mandrata de mandrata de mandrata de que esta esta esta esta est	
Business or Residence	Address (Number	r and Street, City, State, Zip	Code)	
			moon di charactura de marco de constitución de la c	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under UL 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single	Yes No [] [X] .OE. \$ 280,000 Yes No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.				
Full Name (Last name first, if individual) Not applicable				
Business or Residence Address (Number and Street, City, State, Z	ip Code)			
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit F (Check "All States" or check individual States)	rurchasers All States			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OH] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WA]	N] [MS] [MO] K] [OR] [PA]			
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Z	ip Code)			
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit P (Check "All States" or check individual States) []				

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	\$ 280,000
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	1	\$ 280,000
Answer also in Appendix Column 4 if filing under		

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	N/A	Type of Security	Dollar Amount Sold
Rule 505			\$
Regulation A			\$
Rule 504			\$
Total			\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.